

Grahani Roga: A Critical Review of Nidana Panchaka and Samprapti Vighatana with Correlation to Irritable Bowel Syndrome and Malabsorption Syndromes

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Abstract: *Grahani (the functional/anatomical site situated between Amashaya and Pakvashaya that retains ingested food until digestion is complete) is considered so clinically significant in Ayurveda that Acharya Charaka devoted an entire independent chapter — Grahani Chikitsa Adhyaya (Chikitsa Sthana, Chapter 15) — to its disorder, Grahani Roga. This review applies Nidana Panchaka, Ayurveda's five-fold diagnostic framework (Nidana, Purvarupa, Rupa, Samprapti and Upashaya–Anupashaya), specifically to Grahani Roga, presents the original Charaka Samhita shlokas from the Grahani Chikitsa chapter itself that embody this framework, and elaborates the Samprapti (pathogenesis) of Grahani Roga stage-by-stage to identify points of Samprapti Vighatana (interruption of the pathogenic chain) relevant to diagnosis and treatment planning. The pathogenesis centres on Agnimandya (diminished digestive fire), which leads to Ama formation; this Ama afflicts the Grahani, impairing its capacity to retain food for the normal duration of digestion and producing the hallmark presentation of alternating loose and hard stools, undigested or mucus-laden faecal matter, abdominal distension, and progressive loss of strength and complexion. Four Doshika types — Vataja, Pittaja, Kaphaja and Sannipataja Grahani — are described, each with a distinct Nidana and Rupa. This review systematically correlates these four types with the Rome IV diagnostic subtypes of Irritable Bowel Syndrome (IBS-D, IBS-C, IBS-M and IBS-U) and with the clinical presentation of malabsorption syndrome, highlighting the shared functional (non-structural), chronic, and multifactorial nature of both the classical and contemporary constructs. Grahani Roga is proposed as an early, physiologically framed Ayurvedic parallel to modern functional bowel disease, and its Nidana Panchaka-based diagnostic model — which uniquely incorporates a therapeutic diagnostic dimension — is suggested as a useful complementary tool alongside Rome-criteria-based diagnosis in integrative gastroenterology practice.*

Keywords: *Grahani Roga, Nidana Panchaka, Samprapti Vighatana, Agnimandya, Ama, Irritable Bowel Syndrome, Malabsorption Syndrome, Ayurveda*

I. INTRODUCTION

Correct diagnosis is the foundation of successful treatment in Ayurvedic clinical practice, and *Ayurveda* offers a structured, universally applicable diagnostic tool for this purpose — *Nidana Panchaka*, the “five limbs of diagnosis.” *Nidana Panchaka* comprises *Nidana* (causative/etiological factors), *Purvarupa* (premonitory symptoms), *Rupa* (the cardinal signs and symptoms of the manifest disease), *Samprapti* (the pathogenesis, i.e., the sequential mechanism by



which vitiated *Dosha* produce disease), and *Upashaya–Anupashaya* (a therapeutic diagnostic test, in which the effect of diet, regimen or medicine on the presenting complaint — whether relieving or aggravating — is used to confirm or refine the diagnosis).¹ Applied systematically to any *Vyadhi*, these five parameters together allow a comprehensive, reproducible clinical diagnosis even before the disease is fully manifest.

Among the *Annavaha Srotogata Vyadhi* (disorders of the alimentary channel), *Grahani Roga* occupies a position of special clinical importance. *Grahani*, derived from the root ‘grah’ (to hold/retain), refers to the functional site situated between *Amashaya* (the stomach) and *Pakvashaya* (the large intestine) that retains ingested food for the period necessary for complete digestion before propelling it onward.² Because this retentive function is entirely dependent on the strength of *Agni* (digestive fire), *Grahani* is described as *Agyashraya* — the seat and support of *Agni* — and its normal or deranged function is inseparably linked to the status of *Agni* itself.³ Recognising the clinical breadth and complexity of its disorder, Acharya *Charaka* dedicated an entire independent chapter, the *Grahani Chikitsa Adhyaya* (*Chikitsa Sthana*, Chapter 15), to *Grahani Roga* — a distinction not extended to most other *Annavaha Srotogata* conditions, underscoring how prevalent and clinically challenging this condition was recognised to be even in classical times.

A striking modern parallel exists in Irritable Bowel Syndrome (IBS), one of the commonest functional gastrointestinal disorders encountered in clinical practice worldwide, diagnosed by the Rome IV criteria in the absence of any demonstrable structural or biochemical abnormality — recurrent abdominal pain associated with a change in stool frequency or form, present for at least three months.⁴ Malabsorption syndrome, similarly, presents with altered bowel habits, abdominal distension, undigested food particles in stool, and progressive nutritional depletion, arising from impaired digestion or absorption rather than gross structural disease in many cases.⁵ Both conditions, like *Grahani Roga*, are chronic, multifactorial, and rooted in disturbed digestive/absorptive physiology rather than a single structural lesion — a parallel that invites systematic correlation.

Despite this relevance, the *Nidana Panchaka* of *Grahani Roga* is worked out across nearly 150 verses of a single chapter — the *Grahani Chikitsa Adhyaya* — and a structured correlation with contemporary functional bowel disease criteria has not been consolidated in one place. This review compiles the *Nidana Panchaka* of *Grahani Roga* together with the classical Sanskrit verses of that very chapter, elaborates its *Samprapti* and the concept of *Samprapti Vighatana*, and correlates its four *Doshika* types with the Rome IV subtypes of IBS and with malabsorption syndrome.

Aim and Objectives

- To compile the *Nidana Panchaka* (*Nidana*, *Purvarupa*, *Rupa*, *Samprapti*, and *Upashaya–Anupashaya*) of *Grahani Roga*, together with the relevant shlokas from the *Grahani Chikitsa Adhyaya* of *Charaka Samhita*, as described in *Charaka Samhita* and later classical texts.
- To elaborate the stage-wise *Samprapti* (pathogenesis) of *Grahani Roga* and identify points of *Samprapti Vighatana* relevant to diagnosis and treatment planning.
- To correlate the four *Doshika* types of *Grahani Roga* with the Rome IV subtypes of Irritable Bowel Syndrome and with the clinical presentation of malabsorption syndrome.

Materials and Methods

This is a compilation-type narrative review. Classical Ayurvedic texts — *Charaka Samhita* (*Chikitsa Sthana* Chapter 15, the *Grahani Chikitsa Adhyaya*, in its entirety, together with relevant cross-references in *Sutra* and *Nidana Sthana*), *Ashtanga Hridaya* and *Ashtanga Sangraha* (*Nidana Sthana*), *Madhava Nidana* (*Grahani Dosha Nidana* chapter), and *Bhavaprakasha* — were reviewed for direct references to the *Nidana*, *Purvarupa*, *Rupa*, *Samprapti*, and *Upashaya* of *Grahani Roga*. This was supplemented by various journal data for contemporary Ayurvedic literature on *Grahani Roga*. The compiled material was organised under the *Nidana Panchaka* framework, illustrated with the original Sanskrit shlokas of the *Grahani Chikitsa Adhyaya* and their meaning, and cross-correlated with modern diagnostic criteria to present a consolidated, clinically usable account.⁶



Review of Literature

1. Concept of *Grahani*

Grahani is described as the functional continuation of the *Amashaya*, situated just proximal to the *Pakvashaya*, whose specific function (*Grahana*) is to retain the ingested and partially digested food (*Ahara*) for the duration required for *Agni* to complete digestion, before releasing it onward for further processing and elimination.² Its function is entirely *Agni*-dependent: when *Agni* is *Sama* (balanced), *Grahani* retains food appropriately and releases well-formed *Mala* at the proper time; when *Agni* is vitiated — particularly rendered *Manda* (weak) — *Grahani* loses this retentive capacity, and the disorder that results is termed *Grahani Roga* or *Grahani Dosha*.³ Because of this intimate dependence, *Grahani Roga* is fundamentally a disorder of *Agni* manifesting through the bowel, rather than a primary structural lesion of the gut — a conceptual position that anticipates the modern classification of functional gastrointestinal disorders.

II. NIDANA PANCHAKA OF GRAHANI

Unlike some other *Vyadhi*, *Charaka* does not set out the *Nidana Panchaka* of *Grahani Roga* as five separately labelled sections; instead, the whole of the *Grahani Chikitsa Adhyaya* builds up *Nidana*, *Purvarupa*, *Rupa* and *Samprapti* verse by verse, in a single continuous exposition centred on *Agni*. The verses reproduced below are drawn entirely from this chapter (*Chikitsa Sthana* 15) and are organised here under the five *Nidana Panchaka* headings for clarity.

A. *Nidana* — causative factors that vitiate *Agni* and initiate *Grahani Dosha*

अभोजनादजीर्णातिभोजनाद्विषमाशनात्। असात्म्यगुरुशीतातिरूक्षसन्दुष्टभोजनात्॥४२॥

विरेकवमनस्नेहविभ्रमाद्याधिकर्षणात्। देशकालतुवैषम्याद्वेगानां च विधारणात्॥४३॥

— *Charaka Samhita, Chikitsa Sthana* 15/42–43

Fasting, overeating during indigestion, irregular meals (*Vishamashana*), unwholesome, heavy, cold or excessively dry and contaminated food; disturbance from improper *Virechana*, *Vamana* or *Sneha*; emaciation from disease; unsuitable place, time or season; and suppression of natural urges — these are the *Nidana* that vitiate *Agni* and set the disease in motion.

दुष्यत्यग्निः, स दुष्टोऽन्नं न तत् पचति लघ्वपि। अपच्यमानं शुक्तत्वं यात्यन्नं विषरूपताम्॥४४॥

— *Charaka Samhita, Chikitsa Sthana* 15/44

Agni becomes vitiated, and once vitiated it cannot digest food, however light; the undigested food turns sour (*Shukta*) and takes on a poison-like (*Visha-rupa*) character — this is *Ama*, the seed-cause carried into the *Samprapti* below.

B. *Purvarupa* — premonitory signs of *Grahani Gada*

पूर्वरूपं तु तस्येदं तृष्णाः लस्यं बलक्षयः। विदाहोऽन्नस्य पाकश्च चिरात् कायस्य गौरवम्॥५५॥

— *Charaka Samhita, Chikitsa Sthana* 15/55

The premonitory signs (*Purvarupa*) of *Grahani Gada* are morbid thirst, lassitude, diminution of strength, a burning sensation, delayed digestion of food, and heaviness of the body.

C. *Rupa* — the fully manifest signs of *Grahani Gada*

अधस्तु पक्वमामं वा प्रवृत्तं ग्रहणीगदः। उच्यते सर्वमेवात्र प्रायो ह्यस्य विदह्यते॥५२॥ अतिसृष्टं विबद्धं वा द्रवं तदुपदिश्यते। तृष्णारोचकवैरस्यप्रसेकतमकान्वितः॥५३॥ शूनपादकरः सास्थिपर्वरुक् छर्दनं ज्वरः। लोहामगन्धिस्तिक्ताम्ल उद्गारश्चास्य जायते॥५४॥

— *Charaka Samhita, Chikitsa Sthana* 15/52–54

When partly digested or wholly undigested (*Ama*) food moves downward, the condition is called *Grahani Gada*; almost the entire food remains *Vidagdha* (sour, fermented). Stools are passed excessively or are *Baddha* (bound); the patient has thirst, anorexia, a bad taste in the mouth, excessive salivation, dyspnoea,



oedema of the extremities, pain in the bones and joints, vomiting and fever; eructation carries a metallic or *Ama*-like smell with a bitter-sour taste.

D. Samprapti — the pathogenesis and definition of *Grahani* itself

अग्र्यधिष्ठानमन्नस्य ग्रहणाद्ग्रहणी मता। नाभेरुपर्यह्यग्निबलेनोपष्टब्धोपबृंहिता॥५६॥ अपक्वं धारत्यन्नं पक्वं सृजति पार्श्वतः।
दुर्बलाग्निबला दुष्टा त्वाममेव विमुञ्चति॥५७॥

— Charaka Samhita, Chikitsa Sthana 15/56–57

Grahani is the seat of *Agni* and is so named because it holds (*Grahana*) the food; situated above the umbilical region, it is supported and nourished by the strength of *Agni*. Normally it retains undigested food and releases only the digested portion; but once *Agni's* strength is weakened and *Grahani* itself becomes vitiated, it releases the food while it is still *Ama* (undigested) — this is the *Samprapti* of *Grahani Roga*.

E. Upashaya–Anupashaya — the therapeutic diagnostic dimension within the chapter

The *Grahani Chikitsa Adhyaya* does not set out a separately labelled *Upashaya* verse as some other chapters do; instead, the diagnostic-therapeutic principle is embedded in the chapter's own test for *Ama* in the stool, and in its description of how *Takra* (buttermilk) relieves *Grahani Dosha* — relief or aggravation on a targeted intervention being used, in effect, to confirm the diagnosis and the *Dosha* involved:

मज्जत्यामा गुरुत्वाद्विद पक्वा तूत्प्लवते जले। विना तिद्रवसङ्घातशैत्यश्लेष्मप्रदूषणात्॥९४॥

— Charaka Samhita, Chikitsa Sthana 15/94

Ama-laden stool sinks in water because of its heaviness, whereas properly digested (*Nirama*) stool floats — a simple bedside test that confirms whether *Ama* is still present and so which stage of the *Samprapti*, and which line of treatment (*Ama-Pachana* versus *Deepana* alone), applies to the patient.

तक्रं तु ग्रहणीदोषे दीपनग्राहिलाघवात्॥९७॥ श्रेष्ठं मधुरपाकित्वान्नं च पित्तं प्रकोपयेत्।

— Charaka Samhita, Chikitsa Sthana 15/117

Buttermilk (*Takra*) is excellent in *Grahani Dosha* because of its *Deepana* (digestion-stimulating), *Grahi* (stool-binding) and light qualities, and being sweet in *Vipaka* it does not aggravate *Pitta* — the patient's favourable response to this single, targeted remedy is, in effect, the chapter's own *Upashaya* test for a *Grahani*-type disorder.

III. SAMPRAPTI VIGHATANA — POINTS OF PATHOGENIC INTERRUPTION

Samprapti Vighatana, literally 'breaking of the pathogenesis,' is the classical Ayurvedic principle that treatment should be directed at interrupting the disease process at its most accessible and decisive stage rather than only palliating symptoms; Acharya *Chakrapani* explicitly identifies *Samprapti Vighatana* itself as *Chikitsa* (treatment).⁸ Mapped onto the *Samprapti* of *Grahani Roga* described above, the key points of intervention — and therefore of diagnostic attention — are:

- At the *Nidana* stage: identification and avoidance of the specific dietary, behavioural, psychological, or iatrogenic (improper *Shodhana*) trigger operative in a given patient.
- At the *Agnimandya* stage: restoration of *Agni* through *Deepana* (appetite-stimulating) and *Pachana* (digestive) measures before *Ama* has fully formed.
- At the *Ama* stage: *Ama-Pachana* to metabolise and clear the already-formed *Ama* before it further afflicts *Grahani*.
- At the *Grahani-Dushti* stage: *Grahani Bala* restoration through *Sangrahi* (stool-binding/absorption-promoting) and *Stambhana* (styptic) measures once retentive capacity is compromised, tailored to the predominant *Dosha*.
- At the *Dhatu Kshaya* stage: *Brimhana* (nourishing/restorative) therapy to reverse tissue depletion in chronic, malabsorption-like presentations.



This staged model demonstrates that *Nidana Panchaka* is not merely a diagnostic checklist but is directly actionable: each diagnostic parameter corresponds to a specific, identifiable point at which the pathogenic chain of *Grahani Roga* can be interrupted.

IV. DOSHIKA CLASSIFICATION OF GRAHANI ROGA

Four types of *Grahani Roga* are classically described, distinguished by their predominant *Dosha*, *Nidana* and *Rupa* (*Charaka Samhita*, *Chikitsa Sthana* 15/58–72):

Type	Characteristic <i>Nidana</i> / <i>Samprapti</i> Emphasis	<i>Rupa</i> (Clinical Features)
<i>Vataja Grahani</i>	<i>Ruksha</i> , <i>Laghu</i> , <i>Sheeta Ahara</i> ; <i>Vega-dharana</i> ; excessive/improper <i>Virechana</i>	Alternating <i>Baddha</i> (hard) and <i>Drava</i> (loose) stool passed with <i>Shabda</i> (sound) and <i>Vata</i> (flatus); colicky <i>Udara Shoola</i> ; <i>Adhmana</i> ; <i>Aruchi</i> ; symptoms aggravated by fasting or irregular meals
<i>Pittaja Grahani</i>	<i>Ushna</i> , <i>Tikshna</i> , <i>Katu-Amla Ahara</i> ; <i>Krodha</i> ; excessive/improper <i>Vamana</i>	Frequent loose, yellowish or greenish, foul-smelling stool passed soon after meals; burning sensation (<i>Daha</i>) in abdomen and rectum; thirst; occasional low-grade fever
<i>Kaphaja Grahani</i>	<i>Guru</i> , <i>Snigdha</i> , <i>Abhishyandi Ahara</i> ; <i>Diva-swapna</i> ; sedentary habit	<i>Sama</i> , <i>Picchila</i> (mucus-laden), heavy stool passed with a sensation of incomplete evacuation; nausea; heaviness; loss of appetite; mild, dull abdominal discomfort
<i>Sannipataja Grahani</i>	Combined/mixed <i>Nidana</i> of all three <i>Dosha</i> ; often a chronic, long-neglected case	Mixed features of all three types occurring together or in unpredictable sequence; most chronic and <i>Kruchrasadhya</i> (difficult to manage) among the four

V. MODERN CORRELATION

A. Irritable Bowel Syndrome (Rome IV)

The Rome IV criteria define IBS as recurrent abdominal pain, on average at least one day per week in the preceding three months, associated with two or more of: relation to defecation, a change in frequency of stool, or a change in form (appearance) of stool.⁴ Based on Bristol Stool Form Scale predominance, IBS is further subtyped into IBS-D (diarrhoea-predominant), IBS-C (constipation-predominant), IBS-M (mixed bowel habit) and IBS-U (unclassified). This subtyping maps conceptually onto the *Doshika* classification of *Grahani Roga*: the loose, urgent, burning-associated stool of *Pittaja Grahani* parallels IBS-D; the mixed, unpredictable alternation of hard and loose stool in *Vataja Grahani* parallels IBS-M (and, where hard stool predominates, IBS-C); the mucus-laden, heavy stool of *Kaphaja Grahani* parallels the mucus-predominant presentation sometimes seen within IBS-D/IBS-M; and the mixed, chronic, difficult-to-classify *Sannipataja Grahani* parallels IBS-U. Both frameworks similarly rest on functional derangement — impaired *Agni*/motility and sensitivity — rather than demonstrable structural pathology, and both incorporate psychological factors (*Manasika Nidana* in *Ayurveda*; the gut–brain axis in modern pathophysiology) as significant contributors.⁹

B. Malabsorption Syndrome

Malabsorption syndrome, characterised by impaired digestion or absorption of nutrients presenting with chronic diarrhoea, abdominal distension, undigested food or fat in stool, and progressive weight loss or nutritional deficiency,



correlates closely with the later, chronic stage of *Grahani Roga Samprapti* — in which persistent *Agnimandya* and *Ama* accumulation culminate in *Dhatu Kshaya* and *Bala-Varna Hani*.⁵ The classical description of *Apakva* (undigested) and *Sama* (*Ama*-laden) *Mala* in *Grahani Roga* parallels the undigested-food-particle and steatorrhea-like stool of malabsorption, while the emphasis on *Agni* restoration (*Deepana-Pachana*) before nutritional replenishment (*Brimhana*) in classical management parallels the modern principle of correcting the underlying digestive/absorptive defect before nutritional supplementation is attempted.

VI. DIAGNOSTIC CORRELATION SUMMARY

<i>Grahani</i> Type	Predominant Bowel Pattern	Closest Rome IV IBS Subtype	Malabsorption Correlate
<i>Vataja</i>	Alternating hard/loose, colicky, flatus-associated	IBS-M (or IBS-C)	Mild, intermittent nutrient loss
<i>Pittaja</i>	Frequent loose, urgent, burning	IBS-D	Fluid/electrolyte loss predominant
<i>Kaphaja</i>	Mucoid, heavy, incomplete evacuation	Mucus-predominant IBS-D/M	Steatorrhea-like heaviness
<i>Sannipataja</i>	Mixed, unpredictable, chronic	IBS-U	Marked, chronic nutritional depletion

Discussion

The *Nidana Panchaka* framework, when applied specifically to *Grahani Roga*, demonstrates a level of clinical sophistication that extends beyond a simple symptom checklist: it incorporates aetiology (including the classically distinctive recognition of improper *Shodhana* therapy as a direct cause — an early acknowledgement of iatrogenic/procedure-related functional bowel disturbance), a premonitory phase, a detailed and internally consistent symptom complex, a mechanistic pathogenesis, and a therapeutic diagnostic dimension (embedded in the chapter's own *Ama* tests and response to targeted remedies such as *Takra*) that anticipates the modern clinical practice of using response to dietary or empirical therapy to support a functional diagnosis. The staged *Samprapti* — *Nidana Sevana* → *Agnimandya* → *Ama* → *Grahani Dushti* → *Dhatu Kshaya* — further offers a logical structure for *Samprapti Vighatana*, aligning each diagnostic parameter with a specific, actionable point of intervention rather than leaving treatment to symptomatic management alone.

The correlation with Rome IV-defined IBS subtypes and with malabsorption syndrome is phenomenological rather than mechanistically proven, and should be interpreted as a framework for hypothesis generation rather than an established equivalence; nonetheless, the shared emphasis on functional (non-structural) derangement, chronicity, multifactorial aetiology including psychological contributors, and stool-pattern-based subtyping lends the comparison genuine clinical plausibility. Prospective clinical studies correlating *Doshika Grahani* typing with Rome IV subtype assignment, and biomarker-based validation of *Ama* (e.g., inflammatory or malabsorption markers) in *Grahani Roga* patients, would help move this correlation from a conceptual framework toward an evidence-based integrative diagnostic tool.

VII. CONCLUSION

Grahani Roga is a clinically rich and diagnostically comprehensive classical entity, meriting the dedicated chapter *Acharya Charaka* devoted to it. Systematic application of *Nidana Panchaka* — *Nidana*, *Purvarupa*, *Rupa*, *Samprapti*, and *Upashaya-Anupashaya*, all worked out within the *Grahani Chikitsa Adhyaya* (*Charaka Samhita*, *Chikitsa Sthana* 15) itself — yields a coherent, actionable diagnostic model, while stage-wise elaboration of *Samprapti Vighatana* links



diagnosis directly to treatment planning. The four *Doshika* types of *Grahani Roga* show meaningful phenomenological correlation with the Rome IV subtypes of Irritable Bowel Syndrome and with malabsorption syndrome, positioning *Grahani Roga* as an early, physiologically framed Ayurvedic parallel to modern functional bowel disease. Integrating this *Nidana Panchaka*-based model alongside Rome-criteria-based diagnosis offers a promising, low-cost, complementary approach to the assessment and management of functional gastrointestinal disorders in integrative clinical practice.

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